Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE a valid OMB control number.

REQUEST	FOR WITHDRAWAL
AS ATTO	RNEY OR AGENT
THE O NEWS	

109/133755	_
	09/133755 08/13/98 James Johnson Unassigned Unassigned 10172-9013-006

Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

BUSINESS WAS TRANSFERRED TO ILLINOIS TOOL WORKS, INC.

			ss is NOT affected I e address and direc				ence to	o:	
Customer Number		CORRESPONDENCE ADDRESS er				Place Customer Number Bar Code Label here			
Firm or Individua	ıl Name	ILLINOIS TO	OOL WORKS, IN	C.					
Address MR. THOMAS BUCKMAN							·		
Address		3600 W. LAI	KE AVENUE					***************************************	
City		GLENVIEW		Sta	te	IL		ZIP	60025
Country		COOK							
Telephone		847-724-750	00	Fax	·	1	•	-	
This request is enclosed in triplicate.									
Name	ROBE	RT S. BEISE	R OF MICHAEL,	BEST &	۰F	RIEDRICH	Η,		
Signature	Rol	rut d.	Beine						
Date	DECE	MBER 28, 19	98						
NOTE: W	ithdrawal i	is effective when	approved rather than	n when rec	eiv	red.			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

